Application or Docket Number

Effective January 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER T				
TOTAL CLAIMS			20				RAT	E	FEE	] [	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE ;	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			20) — minus 20=		*0		X\$ 9	_		OR	X\$18=	
INDEPENDENT CLAIMS			9 _ minus 3 =		*Ø		X42:	X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+140	_		OR	+280≈	
* If	the difference	in column 1 is	less than ze	ero, enter	r "0" in c	olumn 2	TOTA		3 <del>7</del> 4	OR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
_	<u></u>	(Column 3)	SMALL ENTITY OR SMALL ENTITY									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***	F CL AIRA	= -	X42=	=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								= 1		OR	+280=	
								TAL		OR	TOTAL ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)	(Column 3)	ADDIT. F	<b>[-</b> -			, JUDIT, FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		1=	X42=	=		OR	X84≃	
	TIMO I PHESE	INTATION OF MI	ULTIPLE DEI	JLTIPLE DEPENDENT			+140	_		OR	+280=	
l !							TO1	ΓAL		OB	TOTAL	·
	(Column 1) (Column 2) (Column 3)						ADDIT. F	et 느			ADDIT. FEE	<del></del>
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RATE	ΞĪΤ	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		7	X\$ 9:	= -		OR	X\$18=	
	Independent	*	Minus	***		=	X42=	1			X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	T CLAIM			+		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									÷	OR	+280≃	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The *Highest Nun	nber Previously Pa	id For" (Total o	r Independ	ent) is the	highest number	found in the	appro	priate box	t in col	umn 1.	